

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 23-0020**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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October 26, 2023

Jay Ludlam  
Deputy Secretary of Medical Assistance  
Division of Medical Assistance  
2001 Mail Service Center  
1985 Umstead Drive  
Raleigh, NC 27699-20014

Re: North Carolina State Plan Amendment (SPA) 23-0020

Dear Deputy Secretary Ludlam:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0020. This amendment allows Medicaid to include Ambulatory Withdrawal Management with Extended On-Site Monitoring and will assign a reimbursement rate of \$21.37 per 15-minute increment. This service is a part of the NC Medicaid 1115 Substance Use Disorder Waiver, aligns with The American Society of Addiction Medicine (ASAM) Criteria (2013 edition) and expands the Medicaid substance use disorder service array.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that North Carolina's SPA 23-0020 was approved on October 25, 2023, with an effective date of July 01, 2023.

If you have any questions, please contact Morlan Lannaman at (470) 890-4232 or via email at [Morlan.Lannaman@cms.hhs.gov](mailto:Morlan.Lannaman@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Betty J. Staton, NC DHHS  
Emma Sandoe, NC DHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 3 — 0 0 2 0 2. STATE NC

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**July 01, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 447.201**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 23 \$ 62,787  
b. FFY 24 \$ 49,581

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
~~Attachment 3.1-A.1, Page 15a.2-C.2(new); Attachment 3.1-A.1, Page 15a.11b (new); Attachment 4.19-B, Section 13, Page 27~~  
  
Attachment 3.1-A.1, Page 15a.2-B  
Attachment 3.1-A.1, Page 15a.2-C

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-B, Section 13, Page 27**  
  
Attachment 3.1-A.1, Page 15a.2-B  
Attachment 3.1-A.1, Page 15a.2-C

9. SUBJECT OF AMENDMENT  
**Ambulatory Withdrawal Management With Extended Onsite Monitoring 8A-8 (2-WM)**

10. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED: Secretary

DocuSigned by:  
1. [REDACTED] STATE AGENCY OFFICIAL  
12. TYPED NAME  
Jay Ludlam  
13. TITLE  
Deputy Secretary  
14. DATE ~~08/07/2023~~ | 3:19 PM EDT

15. RETURN TO  
Office of the Deputy Secretary  
Department of Health and Human Services  
2001 Mail Service Center  
Raleigh, NC 27699-20014

**FOR CMS USE ONLY**

16. DATE RECEIVED  
**08/07/2023**

17. DATE APPROVED  
**10/25/2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**07/01/2023**

19. SIGNATURE OF APPROVING OFFICIAL  
[REDACTED]

20. TYPED NAME OF APPROVING OFFICIAL  
**James G. Scott**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Program Operations**

22. REMARKS  
NC authorized Pen and Ink to Box 7 to strike out Attachment 3.1-A.1 Page 15a.2-C.2.(new)  
NC authorized Pen and Ink to update Boxes 7 and 8, to include Attachment 3.1-A.1 Page 15a.2-B.  
NC authorized Pen and Ink to update Boxes 7 and 8, to include Attachment 3.1-A.1 Page 15a.2-C

13. D. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)  
Description of Services

Ambulatory Withdrawal Management with Extended On-Site Monitoring – ASAM Level 2-WM

Ambulatory Withdrawal Management with Extended On-Site Monitoring in ASAM Level 2-WM is an organized outpatient service that provides medically supervised evaluation, withdrawal management, and referral services according to a predetermined schedule. Service is for a beneficiary who is assessed to be at moderate risk of severe withdrawal, free of severe physical and psychiatric complications and who would safely respond to several hours of monitoring, medication, and treatment. Services are designed to treat the beneficiary's level of clinical severity and to achieve safe and comfortable withdrawal from alcohol and other substances to effectively facilitate the beneficiary's transition into ongoing treatment and recovery. Services are provided in regularly scheduled sessions and delivered under a defined set of policies and procedures and medical protocols. Staffing includes licensed physicians, physician assistants, nurse practitioners, registered nurses, and licensed clinical addiction specialist (LCAS) or associate level LCAS. This service must be ordered by a MD, Physician Assistant, or Nurse Practitioner.

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TN No: 23-0020  
Supersedes  
TN No: NEW

Approval Date: 10/25/2023

Effective Date: 07/01/2023



**Staff Qualifications for Each Specific Service**

Service	Agency Qualifications		Staff Qualifications					
			Authorization	See Definitions for QP, AP, PP in Attachment 3.1-A.1 Page 15a.14-15:			Medical Coverage	
	Licensed	Credentialed	Service Ordered by: MD, Nurse Practitioner, Physicians Assistant or PhD Psychologist licensed in NC	Qualified Professional (QP), includes SA Professionals	Under Supervision of a Qualified Professional:		Medical Oversight/ Participation by:	
All facilities must be 16 beds or less		Associate Professional			Para-Professional	Psychiatrist/ MD	Registered Nurse* RNs are considered QPs as well	
Psychosocial Rehabilitation	X	X	X	X	X	X		
Partial Hospitalization	X	X	X	X	X	X	X	
Mobile Crisis Management		X		X (Nurse, LCSW or Psychologist)		X	X (Must be available for face to face or tel. Consult)	
Community Support Team (adults)		X	X	X (required)	X	X		
Assertive Community Treatment (ACTT) <i>minimum required per team</i>		X	X	X		X (includes certified peer specialist)	X	X
Professional Treatment Services in a Facility Based Crisis Program	X	X	X	X	X	X	X	
Opioid Treatment	X	X	X				Must be provided by RN, LPN, Pharmacist or MD	
Substance Abuse (SA) Intensive Outpatient	X		X	X	X	X		

TN No: 23-0020  
Supersedes  
TN No: 12-014

Approval Date: 10/25/2023

Effective Date: 07/01/2023

Staff Qualifications for Each Specific Service (Continued)

Service	Agency Qualifications		Staff Qualifications					
			Authorization	See Definitions for OP, AP, PP in Attachment 3.1-A.1 Pages 15a.14-15:			Medical Coverage	
	Licensed	Credentialed	Service Ordered by: MD, Nurse Practitioner, Physicians Assistant or PhD Psychologist licensed in NC	Qualified Professional (QP), includes SA Professionals	Under Supervision of a Qualified Professional:		Medical Oversight/ Participation by:	
All facilities must be 16 beds or less		Associate Professional			Para-Professional	Psychiatrist/ MD	Registered Nurse* RNs are considered QPs as well	
SA Comprehensive Output Treatment	X	X	X	X	X	X	Recipients must have access to MD assessment and tx.	
SA Non-Medical Community Residential Tx	X	X	X	X	X	X		
SA Medically Monitored Residential Tx	X	X	X	X	X	X	X	X
Ambulatory Withdrawal Management Without Extended Onsite Monitoring	X	X	X	X	X	X	X (provides assessment w/n 24 hrs.)	X (provides admission assessment /monitors tx)
<u>Ambulatory Withdrawal Management With Extended Onsite Monitoring</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
Clinically Managed Residential Withdrawal Services	X	X	X	X	X	X	X	X
Medically Monitored Inpatient Withdrawal Service	X	X	X	X	X	X	X (provides assessment w/n 24 hrs.)	X (provides admission assessment /monitors tx)
Medically Monitored or Alcohol Drug Addiction Tx Center Detoxification/ Crisis Stabilization	X	X	X	X	X	X	X Service delivered by medical and nursing staff/24 hour medically supervised evaluation and withdrawal management	

TN No: 23-0020  
Supersedes  
TN No: 12-014

Approval Date: 10/25/2023

Effective Date: 07/01/2023

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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27) Ambulatory Withdrawal Management with Extended On-Site Monitoring (H0014 HF)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Ambulatory Withdrawal Management with Extended On-Site Monitoring. The agency's fee schedule rate of \$21.37 per 15-minutes was set as of July 1, 2023 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](https://ncdhhs.servicenowservices.com/fee_schedules).

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1, Page 15a. 11b.

NC Medicaid is not reimbursing room and board for this service.

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TN No: 23-0020  
Supersedes  
TN No: 14-032

Approval Date: 10/25/2023

Effective Date: 07/01/2023